NOTICE OF FEE DUE

DATE: ()1-14.04 Qn			
; c 1	-Cup			
FROM:	FROM: Office of Initial Patent Examination			
SUBJECT:				
APPLICATE	ON NUMBER: 09630	272	- 	
authorization	or the attached document subr following reason. Please che to charge a deposit account. I propriate fee. If an authorizati ncy.	ck the applicat	ion for the appropriate	
l: Insufficien	t fee by check			
Insufficient	funds in deposit account			
Declined en	edit card		*	
Non authorization for charge to deposit account				
□ No fee subm	itted per requirement			
	code: <u>2201</u>	amount	s_43	
	ee code: 1999/1506	amount	-\$ 42	
Fee Due	• •	amount	=\$	
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.				
Terminal Operator	Ablba			
	· .			